



# CHAI SCHOOL @ BETH ISRAEL

989 West 28<sup>th</sup> Ave., Vancouver, B.C. V5Z 0E8  
Tel: 604.731.4161 ext. 103 e-mail: [rabbidavidbluman@bethisrael.ca](mailto:rabbidavidbluman@bethisrael.ca)

## REGISTRATION FORM 2022/2023

### A. APPLICANT INFORMATION

Surname (Legal) \_\_\_\_\_ Given (first) name (Legal) \_\_\_\_\_  
Hebrew name (or other names used) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
Grade in September \_\_\_\_ Gender: M F Birthdate (mm/dd/yy) \_\_\_\_\_  
CareCard Number: \_\_\_\_\_

Special Conditions: Please indicate if the applicant has any behavioural and/or difficulties that have been previously experienced and/or diagnosed and indicate if there have been any formal evaluations or assessments done.

\_\_\_\_\_  
\_\_\_\_\_

### B. FAMILY INFORMATION

Parent's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### C. CURRENT EDUCATIONAL STATUS

School \_\_\_\_\_ Location, Phone Number: \_\_\_\_\_

### D. EMERGENCY INFORMATION:

Please list any allergies or medical conditions: \_\_\_\_\_

In case of Emergency, contact: Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_



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## E. CONSENT:

### Promotional Material

I give Chai School consent to use pictures and videos of my child in its promotional material (newsletters, email blasts, website, advertisements, etc.). I also understand that my child's name or contact information will not be published with his/her picture.

Initial: \_\_\_\_\_

### Field Trips

I give permission for my child to participate fully in all Chai School activities for the 2022/2023 school year. I understand that field trips will be adequately supervised, and transportation will be arranged either by parent carpools, public buses, or walking, and that I will be informed beforehand of all such trips.

I hereby empower the Chai School staff person to act for me in accordance with his/her best judgment in case of an emergency.

Initial: \_\_\_\_\_

### Medical

- It is Chai School's policy I to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.
- Please initial below so that we can take the appropriate action on behalf of your child. We will take this consent with us to the emergency center.
- I hereby give consent for my child, \_\_\_\_\_, when ill to be taken to the nearest emergency center by Rabbi David Bluman or his designee when I cannot be contacted.
- I hereby give consent for my child named above to receive medical treatment.

Initial: \_\_\_\_\_

## F. PAYMENT:

**Tuition: \$400. (If you are unable to afford the tuition fee, scholarships are available)**

**If paying by cheque:** cheques to be made out to Congregation Beth Israel.

### **If paying by credit card:**

Circle One: Visa / Mastercard Card Number: \_\_\_\_\_

Name on card: \_\_\_\_\_ Expiry Date (mm/yy): \_\_\_\_\_

### **Confirming signature:**

Parent's/ legal guardian's name: \_\_\_\_\_ Date: \_\_\_\_\_